

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> : ATTORNEY FOR <i>(Name)</i> : SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	TELEPHONE NO.:	FOR COURT USE ONLY
CHILD'S NAME:	CASE NUMBER:	
PETITION TO OBTAIN REPORT OF LAW ENFORCEMENT AGENCY/JUVENILE Welfare and Institutions Code, § 828		RELATED CASES <i>(If any)</i> :
1. Petitioner's name and address <i>(if representing another person, organization, or agency, provide names and addresses)</i> :		
2. Petitioner's relationship to child <i>(if any)</i> :		
3. Police department or law enforcement agency possessing records: Report number:		
4. The reasons for this request are: <i>(Describe in detail. Attach additional pages if necessary.)</i>		
5. <input type="checkbox"/> The child has consented to the requested disclosure and the child's written consent is attached.		

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date:

.....
(TYPE OR PRINT NAME)



(SIGNATURE OF PETITIONER)

_____ Number of pages attached

☐ PETITION GRANTED ☐ PETITION DENIED

☐ ADDITIONAL ORDERS:

Date:

JUDICIAL OFFICER